

**CHILD SERVICES INFORMATION SESSION
JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES**

**November 17, 2004
9:30 AM, Room 421 LOB**

The Co-Chairs of the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services (LOC) convened an information session regarding collaboration of services to children on November 17, 2004, in Room 421 of the Legislative Office Building. Members present were Senator Martin Nesbitt, Co-Chair and Representative Verla Insko, Co-Chair; Senator William Purcell, Representatives Jeffrey Barnhart, Beverly Earle, Edd Nye and Thomas Wright.

Dr. Alice Lin, Project Manager, Kory Goldsmith, Shawn Parker and Rennie Hobby provided staff support to the meeting. Attached is the Visitor Registration Sheet that is made a part of the minutes. (See Attachment No. 1)

Representative Verla Insko called the meeting to order and welcomed all in attendance. She asked Kory Goldsmith, LOC Counsel, to give an overview of structures for State Level Collaboration. (See Attachment No. 2) Ms. Goldsmith explained that the purpose of the meeting was to provide a broad overview of collaboration at the State and Local levels.

Patricia Willoughby, State Superintendent of Public Instruction (DPI), stated that DPI was concerned about the education of the whole child and is committed to linking with on-going programs. Most recently, DPI has been committed to implementing the Leandro decision, which mandates a long-term solution and plan that includes collaboration, looking at on-going programs and how they serve children. She asked Marvin Pittman, Director of State Improvement, to highlight two new programs. Mr. Pittman explained the importance of collaboration in the new policy passed by the State Board of Education addressing the issue of anti-harassment and bullying. He also explained another new program addressing domestic violence that has been successful in pulling together community partners to help address this need.

Senator Purcell inquired about the status of violence in schools. Mr. Pittman responded that a recent report showed that the number of acts of violence at the elementary level has decreased, but the number at the middle and high school level has increased at the same time that the number of students had increased. The acts that have increased have mainly been those of possession of a controlled substance or alcohol. Technical assistance is being offered to those schools identified with an increase.

Mike Moseley, Director of the Division of MH/DD/SAS, called on Flo Stein, Chief Community Policy Management for the Division, to address the Division's partnerships in collaboration. Ms. Stein highlighted the collaboration plan between DHHS and

DJJDP. (See Attachment No. 3) Work groups were formed to look at data, contracts drafted with the LMEs reflecting the commitment between the agencies and ways to optimize Medicaid for children served by both agencies in the community. She identified challenges to collaboration including funding restrictions, inconsistent timelines, and inconsistent communication between legislative committees regarding directions given to agencies.

Next, Pheon Beal, Director of the Division of Social Services (DSS), explained to members how direct services to families were delivered by a large infrastructure and how DSS develops policies and initiates programs at the State level but learns from the local communities what will work. Some challenges are multiple funding streams and the changing landscape at the Federal and State level. Poor information technology makes it difficult to track services. Ms. Beal asked Sherry Bradsher, Deputy Director, to address a significant new program within DSS called the Multiple Response System (MRS). Ms. Bradsher explained that MRS changed how the system works with families where there are allegations of abuse or neglect. With MRS, all human services professionals are invited to participate in planning services. Fifty-two counties have MRS in place and she said that DSS hoped to have it fully implemented statewide by January 2006.

Dr. Leah Devlin, State Health Director, focused on areas that would provide new opportunities for greater collaboration. She said that the Legislature appropriated funds for School Health providing a stronger presence of school nurses. Another important collaboration in Public Health is with the private provider community and other public agencies and non-profits to implement validated screening for young children. Early intervention transition is another exciting initiative. There are eighteen Children's Developmental Service Agencies working with eleven thousand children yearly who are referred to the health department, private providers and mental health providers to prepare them for school. Dr. Kevin Ryan, Chief, Women's and Children's Health, spoke on the Early Childhood Comprehensive Systems. He said one challenge is to see that all the pieces of the service system can work together in a way that is family friendly. It is important to have a common vision, common indicators and a common accountability system. In closing, Dr. Ryan said that early intervention can only be successful in a collaborative arena.

Secretary George Sweat, Department of Juvenile Justice and Delinquency Prevention (DJJDP), said that while the State agencies must work together and collaborate, we must also empower the local communities to succeed. He identified funding that stopped when a child moved from one system to another as a barrier to collaboration. The more money spent on children ages kindergarten through third grade to identify those in trouble means fewer children in the juvenile justice system later. In 1998 there were 1,360 children in juvenile detention centers. Today there are 442. Thanks to collaboration, those children are now in the community. He said community ownership and good relations establishing local coalitions is the key to making things happen. One barrier to collaboration is that individuals appointed to Juvenile Crime Prevention Councils do not attend the meetings because they are in other meetings discussing the same thing. He requested that the General Assembly look at the collaborative groups in all agencies and suggested that

there needs to be a reduction in the repetition of meetings by the various councils. He also suggested that funding should allow both prevention and sanctions to occur. He indicated the need for the same kind of screening and assessment used in Mental Health and Education.

Next, Jan Hood, Court Management Specialist from the Administrative Office of the Courts (AOC), told members that she has witnessed collaboration between agencies and has been pleased by the efforts made to help meet the needs of the children going through the court system. She stated that AOC has also struggled with many of the same issues such as the lack of a data base to share among their own agency, much less with other agencies. Resources are not available to implement ongoing programs across the State, such as Family Court or Family Drug Treatment Court. She explained that in Family Court, they look at all the issues including court calendars to make sure that cases are not continued repeatedly and to see that services are received in a timely manner. In Drug Treatment Court, a team sees that those with substance abuse issues get the support they need from a team that works with the judge. Out of thirty-nine districts, eight have Family Court systems and Family Drug Treatment Courts are in limited places. In these programs, judges take the lead in bringing those to the table who can think collaboratively to give children the best services. She said funding issues continue to keep the system short staffed and she said they look to the Legislature for guidance and support.

Dr. Joel Rosch, Co-Chair of the State Collaborative, said there were two ways for the Legislature to get people to do things – it can be mandated or it can create incentives for people to act in a collaborative fashion. Creating incentives for people to work together within the community allows them to address their own specific problems. He explained the history and makeup of the State Collaborative that began four and a half years ago. Dr. Rosch said the organization was based on the system of care principle - strength based, family centered, parent involvement, multi-disciplinary, where no one agency controls the outcome of a child and evidence based methods are used. The State Collaborative provides a place where those who implement programs can get together and share information, train together, and see how to evaluate progress in a neutral space. Two accomplishments by the State Collaborative have been the establishment of an assessment grid allowing agencies to see screening and assessment tools used by other agencies. Until this was developed, agencies could not see what assessments had been done previously by other agencies. Also, the State Collaborative has helped agencies write competitive grants. He suggested that the Legislature could allow agencies to use a common consent form that would allow the sharing of information between agencies. He noted there are no Federal barriers to prevent the use of such consent forms. He also suggested that the Legislature could demand agencies have common outcomes that would create incentives for agencies to work together, the State Collaborative Report could be requested, and the Legislature could ask agencies what they are doing in response. Also, Legislative staff could attend meetings to broaden their understanding of what the State Collaborative is doing.

Patricia Solomon, Parent, Co-Chair of the State Collaborative, spoke to the relationships and accomplishments of the organization including their participation in the development of the Children's Mental Health Plan. She noted that DSS received a system of care grant in which the State Collaborative participated. She emphasized the importance of parent participation and funding for children from the Legislature.

Shifting to the local level, Representative Insko called on Kory Goldsmith for an overview. Ms. Goldsmith asked members to refer to the earlier handout, on page 9. She explained that the group would hear from three different examples of local collaboration. One comes out of the Comprehensive Treatment Services Program (CTSP), the successor to the Willie M. Program. Another is the federal Comprehensive Community Mental Health Services Program for Children and Families. North Carolina has had nine grants sites since 1994. She said we would also hear from one of the Juvenile Crime Prevention Councils. She asked Shawn Parker to share information from a survey he conducted of the local collaboratives, asking them a variety of questions regarding what their organizations look like, and what are their commonalities, differences, and needs.

Shawn Parker, LOC Staff, said he sent thirty-eight surveys to the various chairs of the individual local collaboratives and received twenty-eight back. (See Attachment No. 4) He explained that there were three types of community Collaboratives - the single county representation, multi-county representation, and areas meeting as individual collaboratives even though they are represented by a multi-county collaborative. The survey asked for the affiliation of each chairperson to try and determine whether collaboration was driven by a particular agency. It turns out about 22% of collaboratives are chaired by DSS employees, with Mental Health and Juvenile Justice chairs accounting for another 16% each. Mr. Parker explained that the collaboratives are governed by their own by-laws that they create. Meetings deal primarily with policy issues and individual cases, funding issues, applications for grants and CTSP funds, the use of the funds that they have, and local programming.

The survey responses identified both positive outcomes and continued barriers to collaboration. One positive outcome is a greater communication and coordination among the agencies. Also mentioned was the expansion of the system of care philosophy. Overwhelmingly, the greatest barrier was understanding the role of the local community collaborative. Many noted that because of this lack of focus, the meetings were not productive and that the decision-makers were not at the table. Other barriers included funding issues and dealing with system change. When asked what improvements could be made, a majority requested more direction from the State level and perhaps a contact at the State level that would help with consultation, training, and direction.

Rep. Insko recognized Larry Wallace, Chair of the Local Collaborative of Durham County. Its membership consists of the Department of Social Services, the Department of Juvenile Justice- Division of Intervention, in which he said he was a court counselor, Department of Public Health, the Guardian ad-litem program, the Family Court, the public schools, the Durham Center, the Exchange Club, and multiple private providers with case management organizations. He said the collaborative structure is mostly

staffed by subcommittees that target key SOC development elements such as finance, public relations, outcomes, training, resource development and care review.

He introduced Martha Kaufman from the Durham Center to elaborate on the social infrastructure. Mrs. Kaufman said one of the things they worked very hard on was to get the high-level decision makers to work together, not necessarily to come to the collaborative meetings, but to focus on what the community needed and what system of care could do to deliver that. She said they get together monthly and look at what policies are working and what policies are not working. The group also decided that their deputies needed to work together. The deputies group now meets monthly, and creates tools to respond to children and the families in the community. They developed a child and family team handbook to get agencies on the same page using the same language. She said they also created "Careview." because they realized that their child and family teams were struggling. They got the supervisors of all providers across the agencies and provider networks to start working together, volunteering their time on an average of two days a week. Now, every Tuesday afternoon the supervisors and those committed to a system of care, sit down and work with a child and family team. It is Careview's responsibility to help them solve whatever problems they may be having.

Mr. Wallace told the committee that the Durham system of care operates within existing resources. He said a Resource Committee is currently developing comprehensive resource notebooks and they would be working with the United Way to see that they are available county-wide. He said they also looked at cross-system outcomes, tracking and analysis. He said they have a Training Committee that targets training for "wrap-around cultures" from each agency and a Public Relations Committee that is in the process of developing a brochure and newsletter that will be used throughout the county and will be on the Durham website.

Ms. Kaufman added that they were partnering with Duke to do cross system outcomes. She said that across the agencies they have identified a set of key functional outcomes to measure how children are doing. Funding from the County Commissioners gives them the capacity to start tracking and publicizing how they are really doing in the everyday lives of kids and families. Ms. Kaufman continued by highlighting work done in the past. She said they had done a lot of "pool funding," sharing funds with the Court system and with DSS to create liaisons so that kids and families coming before the court system will not fall through the cracks. She also said Level 3 group homes were being over-utilized, but by partnering with providers, the Level 2 or family-based network, Durham had been able to decrease the unnecessary and inappropriate use of the Level 3 homes through care review. The rate of out-of-home placements had been reduced by over 50 percent and they increased the number of kids and families served by over 45 percent. She said they have around 500 child and family teams operating in Durham at the present time. They were able to reduce, from \$700,000 to \$7,000 the out- of-home treatment costs that the county was paying. Court orders to coordinate services, that used to be very popular, basically don't exist anymore, because they require child and family teams to do this work ahead of time.

Rep. Insko recognized George Greger-Holt and Elizabeth Vickery, Co-Chairs of the Local Collaborative, Chatham County. Mr. Greger-Holt said he is the student assistant counselor for Chatham County Schools and that he sees youngsters who are in trouble in school, primarily because of alcohol, tobacco and other drugs. He began with a history of the Collaborative stating that it began in 2000 as a two-county collaborative, encompassing Chatham and Orange Counties. It met once a month, primarily discussing funding, data collection, and interpretation of the data. In the spring of this year, it was decided that Orange and Chatham had much different needs. As a result, they began meeting as individual Collaboratives. Many child service professionals in Chatham County came together who were not a part of the original Collaborative, thereby enabling the new collaborative to reach a broader age range. He said divestiture of the public mental health system has caused concern that service delivery will not be in place in time to meet the needs of families. Another barrier is the dismantlement of the Case Manager system. He said they are worried that the service delivery system will break down and the collaborations that have been established will break down.

Elizabeth Vickery said that she is the parent of a system of care graduate and has been in family advocacy for seventeen years. She said that through the Child and Family Team her daughter received help and she was able to address issues in her own personal life that have been life changing. As an advocate, she said she brings parents to meetings to begin their lives as active partners with the agencies represented. She encouraged the Legislature to look at parents as partners because the wheel is not complete without them.

Sudie Davis, Chair, Wayne County Juvenile Crime Prevention Council, said that the JCPC has the capacity to collaborate and to create links within the community to make things happen, but that could be difficult some times. Representatives mandated through statutes often do not come to meetings. Three of the last five meetings did not have a quorum and this is a problem that is not unique to Wayne County. She said they are getting the work done, but with less representation than they would like to have. The lack of participation puts additional work on those who are attending. She suggested that DPI and Mental Health should urge their local representatives to attend meetings. Politics within and “turfism” were two of the barriers often encountered. Gaps in collaboration include lack of communication and poor representation. Positive learning experiences come from retreats and from presenters who educate and create awareness. In closing, she said that if the General Assembly could find a way to get people to the table that would be helpful.

The group raised several items of concern that require further discussion. Issues included: attendance at meetings, more information on the State Collaborative organization, the role of public schools, case management, presentation on Komer model of collaboration, mental health services for children in schools, constitutionality of expulsion and long term suspension, school involvement with troubled children and early intervention.

Representative Insko said that the next meeting in December would be announced shortly. She asked participants to return in order to continue the discussions. Senator

Nesbitt reminded everyone that a report from the Committee was due to the General Assembly in January.

The meeting adjourned at 12:10 PM.

Senator Martin Nesbitt, Co-Chair

Representative Verla Insko, Co-Chair

Rennie Hobby, Committee Assistant